

ADM AUDIT FINDING FORM

**School District/
Charter School:**

ID/CTD#:

Please include the following, if applicable:

- Audit letter and /or settlement letter
- Audit report
- Hardship letter and resolution

 **Total dollar amount to be adjusted due to Audit finding:**

\$

If the adjustment is to be taken in a single fiscal year, please list the effective date of the adjustment:

Date:

If school district or charter school is requesting a Hardship Letter (A.R.S. Section 15-915) please fill out each year:

1. Amount of adjustment for the first fiscal year:

\$

2. Effective date of the adjustment:

Date:

3. Amount of adjustment for the second fiscal year (if hardship letter is approved pursuant to A.R.S. Section 15-915):

\$

Both first and second fiscal year adjustments should equal total amount for finding listed above.

Chief Auditor signature:

Date:

Deputy Superintendent:

Date:

Comments: